



**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:**

**Bid Receiving
PWGSC
33 City Centre Drive
Suite 480C
Mississauga
Ontario
L5B 2N5
Bid Fax: (905) 615-2029**

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

**Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur**

Issuing Office - Bureau de distribution
Public Works and Government Services Canada
Ontario Region
33 City Centre Drive
Suite 480
Mississauga
Ontario
L5B 2N5

Title - Sujet Medical Services - Laval	
Solicitation No. - N° de l'invitation 47419-186279/A	Amendment No. - N° modif. 004
Client Reference No. - N° de référence du client 47419-186279	Date 2018-09-14
GETS Reference No. - N° de référence de SEAG PW-\$TOR-024-7582	
File No. - N° de dossier TOR-7-40038 (024)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2018-09-18	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Brewster, Shannon	Buyer Id - Id de l'acheteur tor024
Telephone No. - N° de téléphone (905) 615-2028 ()	FAX No. - N° de FAX () -
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: CANADA BORDER SERVICES AGENCY Quebec Region 200 Montee St-Francois Laval, Quebec	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

SOLICITATION AMENDMENT No. 004

This solicitation amendment No. 004 is raised to:

- 1) Amend the solicitation.

- 1) Solicitation Amendment:

- 1a. At Annex B, of the solicitation, "**Basis of Payment**",

Delete: Annex B - Basis of Payment (Revision 1), in its entirety; and

Insert: Annex B - Basis of Payment (Revision 2). Please see below

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

ANNEX B

BASIS OF PAYMENT (Revision 2)

The Contractor will be paid in accordance with the following Basis of Payment for Work performed pursuant to the Contract.

1. CONTRACT PERIOD – three years (from _____ to _____ (*dates to be inserted at Contract award*))

In accordance with Annex "A", the Contractor will be paid the following firm all-inclusive hourly rates for work performed pursuant to this Contract as follows (GST or HST extra).

		A	B	C	D
#	Category of Personnel	Estimated Number of Hour / Resource	Firm Hourly Rate / Resource	Estimated Number of Resources	*Extended Cost (AxBxC)
1	Physician	936	\$	2	\$
2	Nurse	4368	\$	6	\$
3	Psychologist	624	\$	1	\$
4	Psychiatrist	156	\$	1	\$
*Total Extended Price:					\$

2. OPTION YEAR 1: one year (from _____ to _____ (*dates to be inserted at Contract award*))

Subject to the exercise of the Contract option to extend the Contract period in accordance with Article 7(b) of the Contract, the Contractor will be paid the following firm all-inclusive per diem rates during each Option Year 1, to complete all work to be performed in relation to the Contract extension.

		A	B	C	D
#	Category of Personnel	Estimated Number of Hour / Resource	Firm Hourly Rate / Resource	Estimated Number of Resources	*Extended Cost (AxBxC)
1	Physician	312	\$	2	\$
2	Nurse	1456	\$	6	\$
3	Psychologist	208	\$	1	\$
4	Psychiatrist	52	\$	1	\$
*Total Extended Price:					\$

3. OPTION YEAR 2: one year (from _____ to _____ (*dates to be inserted at Contract award*))

Subject to the exercise of the Contract option to extend the Contract period in accordance with Article 7(b) of the Contract, the Contractor will be paid the following firm all-inclusive hourly rates during each Option Year 2, to complete all work to be performed in relation to the Contract extension.

		A	B	C	D
#	Category of Personnel	Estimated Number of Hour / Resource	Firm Hourly Rate / Resource	Estimated Number of Resources	*Extended Cost (AxBxC)
1	Physician	312	\$	2	\$
2	Nurse	1456	\$	6	\$

Solicitation No. - N° de l'invitation
47419-186279/A

Amd. No. - N° de la modif.
004

Buyer ID - Id de l'acheteur
tor024

Client Ref. No. - N° de réf. du client
47419-186279

File No. - N° du dossier
TOR-7-40038

CCC No./N° CCC - FMS No./N° VME

3	Psychologist	208	\$	1	\$
4	Psychiatrist	52	\$	1	\$
*Total Extended Price:					\$

*Total Evaluated Price: (Total Extended Price of Contract Period + Option Year 1 + Option Year 2)					\$
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NOTE: * lines and rows will be deleted at Contract award.

In respect of the "Estimated Number of Hours" listed above (A*), the estimated number of hours is for evaluation purposes only during the solicitation process. The actual number of days during the Contract Period and Option Periods may be more or less, as determined by the Technical Authority.